

Case Number:	CM14-0078684		
Date Assigned:	07/18/2014	Date of Injury:	11/01/2012
Decision Date:	09/18/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54-year-old female with a reported date of injury on 11/01/2012. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include diagnostic and operative arthroscopy with arthroscopic rotator cuff repair. Her previous treatments were noted to include physical therapy, surgery, and medications. The progress note dated 04/29/2014 revealed the injured worker had been working with physical therapy and was subjectively 65% better and had 85% of her normal range of motion and continued to improve with regard to strength. The injured worker continued to have some weakness, stiffness, giving way, and numbness. The injured worker complained of pain when lifting. The physical examination of the right shoulder showed well healed arthroscopic portals and range of motion was noted to be for flexion and abduction to 170 degrees, internal rotation to T12, external rotation to 84 degrees, and muscle strength testing was rated 4/5. The injured worker was encouraged to continue with self-directed stretching and strengthening exercises. The Request for Authorization form was not submitted within the medical records. The request was for physical therapy 2 x 6 to the right shoulder for strengthening deficits and a work conditioning program 2 x 6 to the right shoulder; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy 2 X 6 Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for Physical Therapy 2 x 6 to the right shoulder is not medically necessary. The injured worker has had previous physical therapy sessions with improved functional status. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Home exercise can include exercise with and without mechanical assistance or resistance and functional activities with assistive devices. The Guidelines recommendation for myalgia and myositis is 9 to 10 visits over 8 weeks. The documentation provided indicated quantifiable objective functional improvements with previous physical therapy and current measurable functional deficits. However, there was a lack of documentation regarding the number of physical therapy sessions completed and additional exceptional factors to warrant additional physical therapy. Therefore, the request is not medically necessary.

Work Conditioning Program 2 x 6 Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Medicine Guidelines - Work Conditioning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening, Work Conditioning Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Work Conditioning.

Decision rationale: The request for the Work Conditioning Program 2 x 6 to the right shoulder is not medically necessary. The injured worker has completed previous physical therapy sessions. The Official Disability Guidelines state work conditioning amounts to an additional series of intensive physical therapy visits required beyond a normal course of PT, primarily for exercise training/supervision. Work conditioning visits will typically be more intensive than regular physical therapy visits, lasting 2 to 3 times as long. As with all physical therapy programs, work conditioning participation does not preclude concurrently being at work. The Guidelines recommend 10 visits over 4 weeks, and equivalent up to 30 hours. The injured worker has completed a previous unknown number of physical therapy sessions with current measurable functional deficits and quantifiable objective functional improvements; however, her previous request for physical therapy was non-certified. There is a lack of documentation regarding work conditioning or the injured worker attempting to return to work. Additionally, the request for 12 sessions of work conditioning exceeds Guideline recommendations. Therefore, the request is not medically necessary.

